

PAGE	1	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee CBB Chain Bridge Bank		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2016	
Mailing Address 1445 Laughlin Ave		Amount 2500.00	
City McLean	State VA	Zip Code 22101	Transaction ID : SE.6380
Purpose of Expenditure prepaid canvasser travel expenses- OH	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought	66302.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee CBB Chain Bridge Bank		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2016</div> </div>	
Mailing Address 1445 Laughlin Ave		Amount <div> <div>Amount</div> <div>2500.00</div> </div>	
City McLean	State VA	Zip Code 22101	Transaction ID : SE.6387 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2016</div> </div>
Purpose of Expenditure prepaid canvasser travel expenses- OH		Category/ Type <div>002</div>	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>53802.08</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 10px;">5000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature